# LOS ANGELES COUNTY COMMISSION ON HIV

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## STANDARDS AND BEST PRACTICES (SBP) COMMITTEE MEETING MINUTES

July 16, 2015

| MEMBERS PRESENT | MEMBERS ABSENT | PUBLIC | COMM STAFF/ CONSULTANTS |
|---|---|---|---|
| Fariba Younai, DDS, *Co-Chair* | Terry Goddard, MA, *Co-Chair* | Bradley Land | Jane Nachazel |
| Raquel Cataldo | Derek Dangerfield | Sabel Samone-Loreca | |
| Kimler Cruz-Gutierrez | David Giugni, LCSW | | |
| Kevin Donnelly | John Palomo | | **DHSP STAFF** |
| Suzette Flynn | Maria Roman | | Carlos Vega-Matos, MPA |
| Wendy Garland, MPH | | | |
| Grissel Granados, MSW | | | |

**CONTENTS OF COMMITTEE PACKET**

1) **Agenda**: Standards and Best Practices (SBP) Committee Agenda, *7/16/2015*
2) **Minutes**: Standards and Best Practices (SBP) Committee Meeting Minutes, *6/10/2015*
3) **Minutes**: Standards and Best Practices (SBP) Committee Meeting Minutes, *6/18/2015*
4) **Continuum**: HIV Continuum of Care, *7/16/2015*
5) **PowerPoint**: Medical Outpatient Fee-For-Service Performance Report (CY 2013), *7/16/2015*

1. **CALL TO ORDER**: Dr. Younai called the meeting to order at 10:15 am.

2. **APPROVAL OF AGENDA**:
   **MOTION #1**: Approve the Agenda Order, as presented or revised **(*Passed by Consensus*)**.

3. **APPROVAL OF MEETING MINUTES**:
   **Motion 2:** Approve the Standards and Best Practices (SBP) Committee 6/10/2015 meeting minutes, as presented, and the 6/18/2015 minutes with Item 1 revised to reflect that Ms. Granados called the meeting to order **(*Passed by Consensus*)**.

4. **PUBLIC COMMENT, *(Non-Agendized or Follow-Up)***: There were no comments.

5. **COMMITTEE COMMENT, *(Non-Agendized or Follow-Up)***:
   - Mr. Donnelly noted the Service Definition Work Group had not yet addressed STDs and lacked material on them.
   - ➲ Mr. Vega-Matos will update STD material for SBP review.

6. **CO-CHAIRS' REPORT**: There was no report.

7. **REVISED CONTINUUM OF CARE**:
   - Dr. Younai developed a new model and narrative. It incorporates Dr. Ronald Anderson's work on Social Determinants of Health (SDH) as adapted in the Commission's Social Determinants Framework. Footnotes provide background for Commission members on the importance of SDH in moving people through the Continuum for optimal health.
   - The Commission approved its last version of the HIV Care Continuum in August 2008. Developed with a consultant, the model uses systems planning "stocks" and "flows" to illustrate pathways individuals take through the system of care.

- Edward Gardner introduced his treatment cascade in a 2011 paper. It illustrated that improvement in a single component had minimal impact on the proportion of PLWH with undetectable viral loads since subsequent barriers thwart progress.
- Dr. Younai felt the Commission's population flow map approach, though similar to Gardner's treatment cascade, was preferable overall. Gardner's cascade is populated by data which changes while the Commission's flow map uses behaviors which allows the model to be dynamic. She did add space above "stocks" to reflect the total population and unmet need.
- She felt the most relevant aspect of Gardner's paper were simulations he developed, e.g., "What if 90% of people were tested?" Simulations show, while individual interventions can work, the cascade is only effective if rates reach 90% at each stage which demonstrates why a systemic approach that includes SDH is necessary.
- Dr. Younai retained arrows from the prior diagram since Dr. Anderson showed arrows have weight and can be quantified. Her goal was to ensure a both dynamic and quantifiable Continuum with SDH including standards as an enabling factor.
- She did not include process or system indicators, but many are in use and could be added if it was deemed practical.
- Ms. Garland reported DHSP was reviewing each service category and its outcomes. For each, DHSP will first identify what is needed to reach outcomes, e.g., a care plan. Then a logic model will be developed and a determination made whether pertinent data is available or needs to be acquired. The goal is to develop proximal and long-term outcomes. Mr. Vega-Matos added DHSP is working to ensure system aspects work together, e.g., some categories were developed 20 years ago.

➲ Forward electronic copy of revised HIV Continuum of Care to SBP for review.

**Motion 3:** ***(Donnelly/Garland)***: Approve the revised HIV Continuum of Care and forward to Executive for presentation at the 8/13/2015 Commission on HIV **(*Passed by Consensus*)**.

**8. AMBULATORY OUTPATIENT MEDICAL (AOM) SERVICE PRESENTATION**:

- Mr. Vega-Matos presented the PowerPoint on Medical Outpatient Fee-For-Service (FFS) Performance Report (CY 2013). The FFS rate from initiation in November 2012 to July 2014 was a mid-point $330.32 per patient visit. After that, rates are based on performance on selected indicators with a base rate of $284.86 if Core Measures are met and a maximum of $375.00.
- The Medi-Cal rate is $109 with rates for Medicare and Federally Qualified Health Centers are lower, but DHSP recognizes appropriate HIV AOM is more expensive to provide and also wants to incentivize good care.
- The Supplemental Part A measures offer providers the opportunity to increase their rate by a set amount per service if a benchmark percentage is met, e.g., if 90% of patients are screened for Chlamydia then each screening adds $3.03. Ms. Samone-Loreca asked about mammograms as a measure. Mr. Vega-Matos said it was considered primary, not HIV, care.
- The two Supplemental Part B system measures are medical visits and viral suppression <200 copies/mL when on ART.
- Contract related measures are eligibility, consents, release and referral for Oral Health. DHSP has expanded Oral Health patient capacity to 12,000 patients, but is only serving 8,000 due to inadequate provider referral rates.
- The goal of the data validation core measure was to ensure 75% of patients' records reviewed have 12 data elements both in the patient's medical record and Casewatch. It was being retired as a benchmark since some agencies have struggled with system changes. Some have had to upgrade their electronic systems multiple times. The measure will still be reviewed.
- Rates will be reset on 7/1/2015 based on monitoring results from the first full AOM FFS year - 1/1/2013 - 12/31/2013.
- A question has come up on monitoring vaccinations for HIV specialty care patients at RW medical homes who receive primary care through managed care plans. It is difficult to know whether they receive vaccinations through primary care.
- Some measures pertain to both AOM FFS and Medical Care Coordination (MCC), e.g. mental health assessment. The redundancy is intentional. Not all RW patients receive AOM FFS, but all receive MCC so no patient should be missed.
- Four audit levels are: program monitoring, administration monitoring, facilities and operations review, and fiscal audits. System-wide performance is excellent for nine measures, good with room for improvement for six measures while five need improvement. Data validation and Oral Health referral remain critical performance gaps.
- Dr. Younai asked about the impact of migration due to ACA implementation. A summit with RW and other plans has been discussed several times. Any such summit would benefit from data on PLWH who have migrated from RW to other plans especially since data demonstrates that the RW system of care supports better outcomes than do other plans.
- Mr. Vega-Matos reported approximately 17,000 patients accessed RW medical outpatient care in FY 2012. That declined to 7,000 by FY 2014 and will likely be similar for FY 2015. Many assume all PLWH out of care will be RW AOM patients, but most will be eligible for other medical care resources. RW medical homes, however, provide MCC services to HIV+ patients based on acuity, not type of insurance. MCC has been successful in improving the already good outcome data.
- Ms. Garland added DHSP might compare where a patient had his/her last laboratory test versus where MCC was accessed to estimate sources of care. The Los Angeles County Coordinated HIV Needs Assessment (LACHNA) will also offer

information on PLWH within and outside the RW system. Surveillance data will be sampled for 600 potential enrollees to meet the final goal of 400. The final sample will be reviewed for possible over-sampling of under-represented populations.

- Final questions were reviewed the prior week with Dr. Sonali Kulkarni, Dr. Michael Green and Mr. Vega-Matos. Questions will use common language, e.g., "If you have health insurance, does it cover all the services you need?" Information on service categories and their uses will be provided, e.g., Medi-Cal does not pay for benefits counseling. Another question will ask whether a participant with insurance experiences barriers to its use, e.g., prohibitive co-payments for needed services.
- Add qualifier to Slide 6: "two or more medical visits at least three months apart in the measurement year."
- SBP recommended reviewing implications for the Medical Outpatient Standard of Care pertaining to health care, specifically cervical screening, for HIV+ trans women who have had sexual re-assignment surgery. Mr. Vega-Matos will add the subject to the Medical Advisory Committee's agenda.

**9. NEXT STEPS**:

**A. Task/Assignment Recap**: There was no additional discussion.

**B. Agenda Development for Next Meeting(s)**:

- Presentations for upcoming SBP meetings: August 2015, LACHNA; and September 2015, biomedical interventions.

**10. ANNOUNCEMENTS**: There were no announcements.

**11. ADJOURNMENT**: The meeting adjourned at 12:20 pm.